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CENTRAL FAX CENTER****AUG 09 2005****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Alan E. Kasten § Group Art Unit: 3726
Serial No.: 10/695,538 §
Filed: October 28, 2003 § Examiner: Omgba, Essama
§
Title: A System and Method of Disposing § Docket No.: DP-310213
a Substrate in a Housing §
§

I hereby certify that this document is being FACSIMILE TRANSMITTED TO The
United States Patent and Trademark Office to the Attention of:

Examiner Essama Omgba
Phone Number: 571-272-4532
FAX Number : 703-872-9306

Date of Deposit: AUGUST 9, 2005

Signature: Lowell M. Train
Lowell M. Train

**AMENDMENT AND RESPONSE TO
MAY 19, 2005 OFFICE ACTION**

MS. Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir,

The following amendments and remarks are filed in response to the Official
Office Action mailed on May 19, 2005. Before consideration of the remarks below,
please amend the specification and claims of the application as shown on the following
pages:

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10695538

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	22	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20 =	* 2
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	8-9-05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* 21	Minus	** 22 = 0
Independent	* 6	Minus	*** 4 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	770.00
X\$18=	36
X86=	26
+290=	
TOTAL	892

SMALL ENTITY TYPE ☐

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	
X86=	400
+290=	
TOTAL	400

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.